

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND												
1 Date of Request: <u>2-7-06</u>		2 Serial/Patent # <u>10 537264</u>										
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT								
	Filing		06-01-05	\$ 400.00								
	Amendment			\$								
	Extension of Time			\$								
	Notice of Appeal/Appeal			\$								
	Petition			\$								
	Issue			\$								
	Cert of Correction/Terminal Disc.			\$								
	Maintenance			\$								
	Assignment			\$								
	Other			\$								
			7 TOTAL AMOUNT OF REFUND		\$ 400.00							
			8 TO BE REFUNDED BY:									
			Treasury Check									
			Credit Deposit A/C #:									
			9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"><tr><td>0</td><td>2</td><td>--</td><td>2</td><td>4</td><td>4</td><td>8</td></tr></table>			0	2	--	2	4	4	8
0	2	--	2	4	4	8						
10 REASON:												
<input checked="" type="checkbox"/>	Overpayment											
	Duplicate Payment											
	No Fee Due (Explanation):											
<i>Fee Code Correction</i>												
11 REFUND REQUESTED BY:												
TYPED/PRINTED NAME: <u>Barbara Campbell</u>		TITLE: _____										
SIGNATURE: <u>BAC</u>		PHONE: _____										
OFFICE: <u>PCT/DO/EO</u>		<small>Repln. Ref: 02/07/2006 BACAMPBELL 0014062600            Date/Number: 10537264</small>										
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****												
APPROVED: _____		DATE: _____										

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*